



700 N. 10th Street, Suite 202
Sacramento, CA 95814
(916) 445-1104

Evaluation of Siskiyou County MHSA Three Year Expenditure Plan

CSS Committee Members: Carmen Diaz, Susan Rajlal, and Sheri Whitt

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Initial Allocation: \$1,794,363

The following identifies issues for potential oversight by the Commission, specific questions regarding Siskiyou County CSS plans to be addressed by the County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, County and the Department of Mental Health.

Overview

Overall the Committee would like to commend Siskiyou County for their rich use of statistics and analysis in creating their three-year plan. Siskiyou County is to be especially commended for their outreach into their community and for their rich partnerships with community stakeholders in the planning process. The stated intent to continue utilizing this valuable input by offering opportunities for continuing participation in the on-going MHSA planning clearly reflects the County's understanding of the intent of the Mental Health Services Act. The Committee was also impressed by the specific invitations for participation that were extended to tribal leaders and the resulting level of tribal participation in the planning process. Finally, the Committee was also impressed with the exemplary analysis provided of who is served, underserved/inappropriately served and unserved in Siskiyou County. One additional note- the Committee wishes to especially commend Siskiyou County for its intent to partner with 9, and eventually 10 family resource centers. This truly exemplifies the intent of the MHSA- the true transformation of a system resulting in easier access and better services for consumers and their families.

There was one concern the Committee would like to mention in particular. **The Committee would like to have seen a stronger intervention concerning the issue of homelessness overall.** While utilizing campground/motel/cabin vouchers and tents and sleeping bags as a means of addressing the immediate problem is temporarily effective, it does little to address the on-going need for crisis services, medication and appropriate treatment. This population is among those least likely to access services and among the most vulnerable to a wide variety of challenges, both mental and physical, as a result of their homelessness. **The Committee would like to see a further analysis of this issue**

in the future with a more fully developed plan for meeting the needs of this group of consumers.

Consumer and Family Involvement

There was extensive involvement of consumers and family members as described in the plan on pages 9-10. In addition, Siskiyou County states in their plan "...Siskiyou County intends to continue utilizing these strategies, resources and techniques to provide ongoing education, training, and opportunities for consumers, and consumer family members from all four age groups to participate as full partners in the MHSA planning, implementation and outcome data response strategies development process" p. 11. Opportunities for ongoing participation are to be commended. It was also noted that special effort was made to include American Indian Tribes by sending letters which gave information regarding the MHSA and ways to be involved and that there has been successful engagement of this group as a result. Another positive opportunity for consumer and consumer parent involvement is mentioned on page 66 regarding development of Early Intervention Response Teams in the schools.

Fully Served, Underserved/Inappropriately Served, Unserved

The County did a good job explaining its definition of service levels and information regarding barriers such as access, lack of insurance, poverty, etc., was particularly well integrated into the discussion. **One question: what is done with clients who are out of county?**

Wellness/Recovery/Resilience

Siskiyou County obviously has a clear theoretical vision for what these concepts mean in the provision of mental health services. On page 66 of the plan, it states, "Siskiyou County will partner with existing community based services and supports, in particular Family/Community Resource Centers located in 10 different communities to coordinate and/or provide integrated, continuum, culture and gender sensitive, recovery based education, outreach, services and supports that can meet the crisis and short term basic needs, that foster wellness, resiliency and hope for all four age groups". The Committee was especially impressed with how many strategies designed specifically to support wellness/recovery/resilience goals were successfully integrated into the Full Service Partnerships discussed below.

Education and Training and Workforce Development

There are many human resource needs generated by this plan- bilingual staff, para-professional counselors in the school, personal services coordinators and a traveling psychiatrist. One of the human resource needs generated by this plan is contracting with a traveling psychiatrist. The plan also makes mention of offering telepsychiatry services, but nothing in detail. **The Committee wonders if expanding existing telepsychiatry services might be more successful at increasing access to psychiatric services than contracting with a traveling psychiatrist.** Page 107 in the plan mentions exploring a MHSA Education and Training Fund. The activities described would certainly do much to insure the workforce is ready to transform mental health service delivery in Siskiyou County. The Committee was happy to see specific plans for consumer and family member employment, a workforce development strategy consistent with MHSA system transformation goals.

Collaboration

This was another especially strong area of the plan. The stakeholder outreach process (including the list on page 43) was impressive. The Committee was especially pleased to see the work being done with local medical clinics and with the resource centers. This kind of collaboration insures services are available where they are needed in a setting that is most comfortable for the consumer and family. This is in keeping with goals of the Mental Health Services Act.

Workplans

Full Service Partnership Projects

1. BHA/Family/Consumer Resource Center Program

These programs, which would be located in 9 local communities, would provide the following services: personal services coordinator, assertive community outreach team, integrated community service team, transportation stipend, drop in centers, restaurant vouchers, motel/campground/cabin vouchers, emergency utility services, tents and sleeping bags, and employment services. The Committee was impressed at the integration of so many resources and assistance strategies into a partnership project.

2. MHSA/Behavioral Health Services

These services will include the following: administration, family law program component, clinical component, co-occurring disorder component, education/training, housing services, psychiatric services and supports, adolescent day treatment, and early intervention services and supports. This project was well-described in the plan.

System Development Projects

No obvious system development projects were identified in the plan. However, in the budget there are system development project monies being used to pay for MHSA Employment Services and Supports, Co-Occurring Disorder Services and Supports Program, and MHSA Housing Services and Supports.

Outreach and Engagement Projects

A number of strategies are identified as being outreach and engagement strategies. These include BHS/MHSA/FRC contracts, special transportation stipends, tent and sleeping bag program, and drop in center program costs associated with the resource centers. Other strategies related to MHSA/Behavioral Health Services include administration, family law court, MHSA clinical staff program, MHSA Education and Training program, and Psychiatric Services and Supports program.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: “How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service

delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.